



# Akron Recreation Bureau Program Registration Form LATE NIGHT BASKETBALL 2019

Complete this registration form and submit it to the recreation site to be registered for your program. Any payments must be received in advance to be registered for our programs. **Participant must sign the bottom and the attached waiver.**

**PROGRAM:** Late Night Basketball **PROGRAM DATE(S) :** October 21 – December 18, 2019

**COST:** No Cost (Check or money order payable to City of Akron)

**LOCATION FOR PROGRAM:** Helen Arnold Community Learning Center, 450 V. Odom Blvd., Akron OH 44307

*Program scheduled for Monday's and Wednesday's. Registration will be limited to 80 participants.  
Participants must be age 18 or older.*

***Participant information (please print):***

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ ☐ Male ☐ Female

AGE \_\_\_\_\_ (must be 18 or older) HEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PHONE TO BE REACHED AT \_\_\_\_\_ EMAIL \_\_\_\_\_

UNIFORM SHIRT SIZE: Adult Sizes ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

General notes, food allergies, medications, limitations, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that to participate in the program I am required to attend a pregame motivational/educational speaker for one hour before I play the scheduled basketball game.*

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participant must sign the waiver on the back side.*

## PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ (the "Participant"), am participating in or observing the **LATE NIGHT BASKETBALL PROGRAM** (the "Program") located at a City of Akron community center, athletic club, park, or other facility (the "Facility"). The Undersigned shall abide by all of the rules, policies, instructions, and directions of the City of Akron, including but not limited any instructors or coordinators, related to the Undersigned's participation in the Program or use of the Facility.

The Undersigned understands that the Program may include strenuous physical activity, including but not limited to, dance, swimming, golf, tennis, aerobics or hiking, and that certain activities within the Program may utilize equipment, balls, machines, materials, or other items which could cause injury (the "Materials"). The Undersigned further understands that the City of Akron does not carry medical or liability insurance for the Undersigned while he or she is observing or participating in the Program or using the Facility. The City of Akron strongly recommends that the Undersigned consult with a physician before participating in the Program. The Undersigned hereby acknowledges, agrees, and represents that he or she (1) is physically capable of participating in the Program; (2) understands the risks involved in participating in the Program; (3) is responsible for his or her own well-being; (4) understands and appreciates the potential dangers, hazards and/or risks directly and/or indirectly inherent in participating in the Program, which could include the loss of life, limb, or property; (5) shall be solely responsible for the cost of any injuries or medical expenses that he or she may incur as a result of observing or participating in the Program; and (6) that prior to using the Materials that he or she will inspect any such Materials for safety and functionality.

In consideration for being permitted to participate in the Program, the Undersigned hereby expressly and voluntarily releases, waives, discharges, covenants not to sue and agrees to indemnify and hold harmless: the City of Akron and the Akron Recreation Bureau, and their agents, officers, officials, employees, volunteers, contractors, coordinators, and instructors (the "Released Parties") from all liability to the Undersigned for any loss, cost, or damage to person, property, or otherwise and/or any claim or demands therefrom on account of any loss, liability, damage, cost, injury, illness, or death, whether caused by the negligence of the Released Parties or otherwise while the Undersigned is in, upon, or about the Facility or as a result of the Undersigned's participation in the Program. The Undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the Released Parties or otherwise, while participating in the Program.

The Undersigned agrees to allow his or her image to be used by the City of Akron for any legal purpose including, but not limited to, use on social media sites. The Undersigned further acknowledges that any photography, video recordings, or audio recordings taken by the City of Akron or its agents before, during, or after the Program or at the Facility shall be the express property of the City of Akron.

The Undersigned has read, affirms that he or she is of legal age, and voluntarily signs this Release, Waiver of Liability, and Indemnity Agreement, and further agrees that no oral representations, statements or inducements, apart from the forgoing written agreement, have been made or relied upon in executing this agreement. The Undersigned further expressly agrees that the forgoing Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that the balance shall continue in full legal force and effect.

**I acknowledge that I am signing this agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Emergency Contact: \_\_\_\_\_ Relation To: \_\_\_\_\_ Phone Number: \_\_\_\_\_